PTOISB/06 (08-00)
Approved for use Grough 7/31/2006. CALE 0651-0032
U.S. Peterd and Tradement Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork | | | | | | | dennstien und | na il disp | eys a valid OMB | control number. |
|--|---|------------|---|------------------|-----|-----------------|----------------------------|--------------------------------------|----------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application of Docket Humber 785.577 | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SWALL ENTITY | | | OTHER THAN SMALL ENTITY | |
| FOR KUMBER FALE | | |) IQTA | BER EXTRA | | RATE | FEE |] | RATE | FEE |
| BASIC FEE D7 CFR 1.18(a)) | | | | | | | - | OR | | · |
| DT OFR LICED | | ratous á | b • • | | П | x \$ | | OR | X 8 • | |
| OF CFR 1.16(b)) | | eina 3 = * | | | 1 [| x : | | 0. | ×4_ • | |
| MAILTIPLE DEPENDENT GLAM PRESENT (SF OFR 1.18(4)) | | | | | | +8 | | OR. | +: | 1 |
| * If the difference in column 1 is less than zero, enter 'V' in column 2. | | | | | | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | |
| 1/3/05 | (Column 1) | | (Column 2) | (Column 3) | | SMALL | ENTITY | CR | | R THAN ENTITY |
| NT A | CLAIMS REMAINING AFTER MENDMENT | | . HIGHEST NUMBER FREVIOUSLY PAID FOR | PRESENT | | RATE | ACCOL- TICOLOTIC FEE | h | RATE | ADDF TIONAL FEE |
| AM (to char media) (to char me | 21 | Minus | 2/ | 7 | | . گاتور | | OR | x.50. | 722 |
| (t) | 3 | Minus | 3 | | | x : 100 - | | -07 | x \$200 - | |
| PRIST PRESENTATION OF MALTPLE DEPENDENT CLAIM (37 OFR 1, W(4)) | | | | | Ŀ | ٠٠١٤٥٠ | | OR | +,360 | |
| | | | | | | NOTAL ADOL FEE | | OR | TOTAL ADOL PEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | • | | |
| \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | CLAIMS EMAINING AFTER, MEMPINENT | | HIGHEST MUMBER PREVIOUSLY PAIDFOR | PRESENT EXTRA | | RATE | ADOI- TIONAL PER | : | RATE | ADOI- TIONAL FEE |
| C contracte | <i>&/</i> | Minus | 8 | | Ŀ | 25. | | OR | x :50 . | |
| independent ' | <u>න_ </u> | Minus | <u>"3</u> | ./ | 1 | 100 . | | OR | x . 200 . | |
| FIRST PRESENTATION OF MATTPLE DEPENDENT CLAM OF OFFICIAL | | | | | | 180- | | OR | +:360. | |
| | | | . / | | | DO'L FEE | | OR | TOTAL ADD'L FEE | |
| . 0 | Column 1) | | (Column 2) | (Cotumn 3) | _ | | | _ | | |
| | CLAMS EMANORIO AFTER (ENDINENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE . | ADDI- TICHAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | 2/ | Minse | 2/ | • | × | 25- | | OR | ×50. | |
| Independent (F) | 3 | Miran | 3 | •/ | × | : 100 - | | OR [| x 9.200- | |
| PRET PRESENTATION OF MALTIPLE DEPENDENT CLASS (ST CFR 1/1841) | | | | | | · [60 . | | OR | + :560- | • |
| | | | | | | OTAL DD1 FEE | | OR | TOTAL ADDL FEE | |
| # She entry in column 1 is less than the entry in column 2, write "0" in column 2. # If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". # If the Taighest Mumber Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Eighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |
| The regimes recipion Prevalency read For (1 dust or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |

This collection of information is required by 37 CFR 1.18. The information is equired to obtain or retain a benefit by the public which in to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gashering, preparing, and submilling the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burdon, should be sent to the Chief information Officer, U.S. Paterni and Trademant Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Cechaelsationer for Paternia, P.O. Bext 1450, Alexandria, VA 22313-1450.